FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1289	356
OMB API	PROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	e burden
hours per respo	nse16.00
SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series B Preferred Stock Financing	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment No. 2 to the Form D filed on October 2, 2	Section 4/60 ULOE
A. BASIC IDENTIFICATION DATA	RECEIVED
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Astra Business Services, Inc. (formerly Astra Financial Advisors, Inc.)	NOV 2 1 2007
Address of Executive Offices (Number and Street, City, State, Zip Code) 1038 Redwood Highway, Suite B2, Mill Valley, CA 94941	Telephone 1000 erapic luding Area Code) 415-384:0730
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above.	Telephone Number (Including Area Code)
Brief Description of Business Sales activities NOV 2.0 2002	B
Type of Business Organization Corporation Dusiness trust Ilimited partnership, already formed FINANCIAL other	r (please specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual Estimated tate: D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC	DENTIF	ICATION DATA			3,.	
 Each beneficial own Each executive offic 	e issuer, if the issuer her having the power to	nas been organized within o vote or dispose, or dire porate issuers and of cor	ct the vote of	or disposition of, 10%				
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🖾	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		·					•
Waheed, Feroze A.								
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Cod	e)					
1038 Redwood Highway, Su	ite B2, Mill Valley,	CA 94941,						
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🛚	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
Stephan, Connie								
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Cod	e)					
1038 Redwood Highway, Su	ite B2, Mill Valley,	CA 94941						
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 🗌	Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
Balaraj, KP								·
Business or Residence Addres	•	•						
C/o WBCP Advisors Private					nessy		thinagai	
Check Box(es) that Apply:	Promoter	Beneficial Ow	ner 📙	Executive Officer	<u>⊠</u>	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
Wendell, Peter C.								
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Cod	e)					
3550 Washington Street, Sai	1 Francisco, CA 94	118						
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔲	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
Westbridge Ventures I, LLC		·						
Business or Residence Addres								
Attn: Hari Agrawal, 3 rd Floo	or, Les Cascades, E				_			
Check Box(es) that Apply:	Promoter	Beneficial Own	ner 🔲	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
Sierra Ventures VIII-A, L.P								
Business or Residence Addres	-	•						
Attn: Peter Wendell, 2884 S	and Hill Road, Suit	te 100, Menio Park, C	A 94025	<u> </u>				
Check Box(es) that Apply:	Promoter	Beneficial Own	ner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Street	et, City, State, Zip Cod	e) .					
	(Use blan	k sheet, or copy and use	e additional	copies of this sheet	as ne	cessary)		

				В.			ABOUT O					
1. Has th	ne issuer sold.	or does the i	ssuer intend	to sell, to no	n-accredited	investors in t	this offering	?			Yeş □	No ⊠
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							. –	_			
2. What is the minimum investment that will be accepted from any individual?								\$N	o minimum			
3. Does	3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No □		
remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or												
than f	ive (5) person:											
dealer Full Name	only. (Last name fir	st, if individ	ual)									
D	D (1 A	21 (VI)	Land Street	t City State	, 7:- (1-1-)							
Business or	Residence A	uaress (Num)	per and Stree	t, City, State	, Zip Code)							
Name of As	sociated Brol	er or Dealer										
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check "	All States" or	check indivi	duals States)	***************************************			***************************************				□ A	li States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	(NH)	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
				<u> </u>								
Full Name	Last name fir	st, if individı	ıal)									
	Last name fir Residence Ad			t, City, State	, Zip Code)	=-						
Business or		idress (Numl		t, City, State	, Zip Code)							
Business or Name of As	Residence Ad	ddress (Numl	per and Street									
Business or Name of As States in W	Residence Ad	idress (Numl	per and Street	nds to Solic	it Purchasers						□ A	II States
Business or Name of As States in W	Residence Adsociated Brok	idress (Numl	per and Street	nds to Solic	it Purchasers	[СТ]	[DE]	[DC]	[FL]	[GA]	☐ A'	Il States
Business or Name of As States in W (Check "	Residence Advanced Brokenich Person L	ddress (Numl ter or Dealer isted Has Sol check indivi	per and Street	nds to Solici	it Purchasers						_	
Business or Name of As States in W (Check "	Residence Adsociated Broke hich Person L All States" or [AK]	ddress (Numl ter or Dealer isted Has Sol check indivi-	dicited or Inte	nds to Solici	it Purchasers	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]
Business or Name of As States in W (Check " [AL] [IL]	Residence Adsociated Brokenich Person L All States" or [AK] [IN]	ddress (Number or Dealer isted Has Sol check individual) [AZ]	duals States) [KS]	[CA]	(CO)	(CT) (ME)	[DE] [MD]	[DC] [[MA]	(FL) [MI]	[GA] [MN]	(HI) [MS]	(ID) [MO]
Business or Name of As States in W. (Check " [AL] [IL] [MT] [RI]	Residence Adsociated Brokenich Person L All States" or [AK] [IN] [NE]	ddress (Number or Dealer isted Has Sol check individual) [AZ] [IA] [NV] [SD]	icited or Inte duals States) [AR] [KS] [NH]	[CA] [KY] [NJ]	[CO]	(CT] (ME) [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI) (MS) (OR)	(ID) (MO) [PA]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI]	Residence Adsociated Brokenich Person L All States" or [AK] [IN] [NE] [SC]	ddress (Number or Dealer isted Has Solicheck individual [AZ] [IA] [NV] [SD]	cer and Street licited or Inte duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	(CT] (ME) [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI) (MS) (OR)	(ID) (MO) [PA]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or	Residence Adsociated Brokenich Person L All States" or [AK] [IN] [NE] [SC]	ddress (Number or Dealer isted Has Sol check individually [AZ] [IA] [NV] [SD] st, if individually individual	cer and Street licited or Inte duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	(CT] (ME) [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI) (MS) (OR)	(ID) (MO) [PA]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or	Residence Adsociated Brokenich Person L All States" or [AK] [IN] [NE] [SC] Last name fin	ddress (Number or Dealer isted Has Sol check individually [IA] [IA] [IV] [SD] st, if individually iddress (Number or Dealer	icited or Inte duals States) [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	(CO) [LA] [NM] [UT]	(CT] (ME) [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI) (MS) (OR)	(ID) (MO) [PA]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or	Residence Adsociated Brokenich Person L. All States" or [AK] [IN] [NE] [SC] Last name firm Residence Adsociated Brokenice Brokenice Brokenice Brokenice Brokenice Brokenice Brokenice Brokenice Broke	ddress (Number or Dealer isted Has Sol (AZ) [IA] [NV] [SD] st, if individual individual isted Has Sol (Number or Dealer isted Has Sol	icited or Inte duals States) [AR] [KS] [NH] [TN] per and Street	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) (ME) (NY) (VT)	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI) (MS) (OR) (WY)	(ID) (MO) [PA]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or	Residence Adsociated Brokenich Person L All States" or [AK] [IN] [NE] [SC] Last name fire Residence Adsociated Brokenich Person L	ddress (Number or Dealer isted Has Sol (AZ) [IA] [NV] [SD] st, if individual individual isted Has Sol (Number or Dealer isted Has Sol	icited or Inte duals States) [AR] [KS] [NH] [TN] per and Street	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) (ME) (NY) (VT)	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	(HI) (MS) (OR) (WY)	[ID] [MO] [PA] [PR]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or Name of As States in Wi (Check "	Residence Adsociated Brokenich Person L. [NE] [SC] [Last name fin. [Residence Adsociated Brokenich Person L. [All States] or [ddress (Number or Dealer isted Has Sol (Number or Dealer Individual Individua	icited or Interduals States) [AR] [KS] [NH] [TN] eal) cer and Street	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) (ME) (NY) (VT)	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) (MS) (OR) (WY)	[ID] [MO] [PA] [PR]
Business or Name of As States in W (Check " [AL] [IL] [MT] [RI] Full Name (Business or Name of As States in W (Check "	Residence Adsociated Brokenich Person L. Residence Adsociated Brokenich Person L. All States" or [AK] [NE] [SC] Last name fine Residence Adsociated Brokenich Person L. All States" or [AK]	ddress (Number or Dealer isted Has Sol (AZ) [IA] [NV] [SD] st, if individuates (Number or Dealer isted Has Sol (AZ)	icited or Inte duals States) [AR] [KS] [NH] [TN] per and Street	[CA] [KY] [NJ] [TX] t, City, State	[CO] [LA] [NM] [UT] Zip Code)	(CT) (ME) (NY) [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	(HI) (MS) (OR) (WY)	[ID] [MO] [PA] [PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	middle in the columns of the aniconal of the socialities offered for stemange and another stemanges.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$0	\$0
	Equity	\$ <u>16,199,998.72*</u>	\$ <u>14,199,996.36</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$2,363.51**	\$ 2,363.51
	Partnership Interests	\$0	\$0
	Other (Specify)	\$0	\$0
	Total	\$ <u>16,202,362.23</u>	\$ <u>14,202,359.87</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
	*Amended to increase aggregate offering price by \$5,399,998.90. **Purchase price of \$0.001 for warrants for 2,363,507 shares of Series B Preferred Stock.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•	
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	22	\$ <u>14,202,359</u> .87
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	0	so
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	T	Type of	Dollar Amount
	Type of Offering Rule 505	Security	Sold
			\$0
	Regulation A		\$0
	Rule 504		\$
	Total	0	\$
ŧ.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0
	Printing and Engraving Costs		\$ <u> </u>
	Legal Fees	\boxtimes	\$ 55,000.00
	Accounting Fees		\$0
	Engineering Fees		\$0
	Sales Commissions (specify finders' fees separately)		\$0
	Other Expenses (identify)		\$0
	Total	_ ⊠	\$ 55,000.00

	C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE C	F PROC	EEDS		
	b. Enter the difference between the aggregate total expenses furnished in response to Part C proceeds to the issuer."		\$ <u>16,147,362.23</u>				
5.	the purposes shown. If the amount for any pur	is proceeds to the issuer used or proposed to be used for each pose is not known, furnish an estimate and check the box to to listed must equal the adjusted gross proceeds to the issuer see.	he				
		·		Payment ers, Dire Affiliat	ctors &		ents To hers
	Salaries and fees		□ s		0	□ s	0
	Purchase of real estate		□ \$.		0	\$	0
	Purchase, rental or leasing and installation of	machinery and equipment	☐ \$.		0	□ \$	0
	Construction or leasing of plant buildings and	l facilities	□ \$.		0	□ s	0
	Acquisition of other businesses (including the used in exchange for the assets or securities of	e value of securities involved in this offering that may be f another issuer pursuant to a merger)	☐ \$,		<u>0 ·</u>	□ \$	0
	Repayment of indebtedness		□ \$.		0	□ \$	0
	Working capital		□ s.		0	⊠ \$ <u>16,1</u>	47,362.23
	Other (specify):		□ s		0	□ s	0
	Column Totals		□ s.		0	S \$ <u>16,1</u>	47,362.23
	Total Payments Listed (column totals ac	ided)		\boxtimes	\$ <u>16,14</u>	7,362.23	
	•	D. FEDERAL SIGNATURE					
unde		the undersigned duly authorized person. If this notice is filed uns and Exchange Commission, upon written request of its staff, le 502.					
	er (Print or Type)		nte	10 .			
	a Business Services, Inc. ne of Signer (Print or Type)	Title of Signer (Print or Type)	ovembe	er <u>19</u> ,2	.007		
	nie Stephan	Secretary					
		EN	II				
		ATTENTION					
	Intentional Misstatements or	Omissions of Fact Constitute Federal Criminal Violation	ns. (Se	ee 18. U.	S.C. 1001		